MUSCOGEE (CREEK) NATION OFFICE OF THE ATTORNEY GENERAL

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INTAKE FORM

Note: The following questions will help us to understand the reason for your visit today. Your responses are protected by attorney/client privilege and will be held in strict confidence.

***Please present a copy of your Citizenship Card, a copy of the Decedent's Citizenship Card AND

a copy of the Decedent's Death Certificate upon return of this Intake Form***

PROBATE: APPROVAL OF DEEDS:				
IS THE PROPERTY IN RESTRIC	TION/TRUST? _			
WHERE IS THE PROPERTY LOC	CATED?		· · · · · · · · · · · · · · · · · · ·	
IS THE DECEDENT'S PROPERT FORECLOSURE?	Y AT RISK OF D	DAMAGE, DES	TRUCTION OR	
IF YES, PLEASE EXPLAIN:				
INFORMATION ABOUT YOU: DATE: ROLL #		DATE OF BIRTH:		
WILL THIS CASE BE CONTESTED? (check one):		YES	NO	
NAME:				
Last	First		MI	
ADDRESS:				
Street/P.O. Box	City	State	Zip	
TELEPHONE NO.s: (Home)		(Mobile)		
E-MAIL ADDRESS:				

INFORMATION ABOUT THE DECEDENT: DECEDENT'S FULL NAME: DATE OF DEATH: _____ DATE OF BIRTH: _____ RELATION TO DECEDENT: DID DECEDENT HAVE ANY PREDECEASED SPOUSE(S)? _____ YES ____ NO IF YES, PLEASE LIST NAMES OF PREDECEASED SPOUSE(S): DECEDENT'S ROLL #: BLOOD QUANTUM & TRIBE(S): IS THERE A WILL? ____YES ____NO ___UNKNOWN FIRST TIME CONSULTING WITH AN ATTORNEY ABOUT THIS CASE? _____YES _____NO IF NO, WITH WHOM DID YOU CONSULT? WHAT WAS THE DECEDENT'S ADDRESS AT THE TIME OF DEATH? DID DECEDENT OWN PROPERTY IN ANY OTHER COUNTIES? _____YES ____NO IF YES, WHERE? PLEASE LIST DECEDENT'S ASSESTS TO BE PROBATED (bank accounts, retirement accounts, insurance policies, real estate, mineral rights, oil and gas leases, personal and other property, etc.)

BRIEFLY EXPLAIN WHAT YOU NEED ADVICE ABOUT OR ASSISTANCE WITH:	
FOR OFFICE USE ONLY	
Date Assigned:	
Individual Assigned to Case:	